



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH PAOLI HOSPITAL

City of Hospital: Paoli

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-1306

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5805513
Outpatient Patient Service Revenue	\$49841973
Total Gross Patient Service Revenue	\$55647486

2. Deductions From Revenue

Contractual Allowance	\$22519471
Other Deductions	\$5742773
Total Deductions	\$28262244

3. Total Operating Revenue

Net Patient Service Revenue	\$27385242
Other Operating Revenue	\$1327959
Total Operating Revenue	\$28713201

4. Operating Expenses

Salaries and Wages	\$10498144	Employee Benefits	\$4248897
Depreciation and Amortization	\$1170629	Interest Expense	\$28192
Bad Debt	\$1574268	Other Expenses	\$7562263
Total Operating Expenses	\$25082393		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3630808	Total Assets	\$33235182
Net Non-operating Gains over Loss	\$427132	Total Liabilities	\$7585199
Total Net Gains	\$4057940		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$23216253	\$10898720	\$12317533
Medicaid	\$9627221	\$6582692	\$3044529
Other Government	\$0	\$0	\$0
Other State	\$1235104	\$956175	\$278929
Other Payers	\$21568908	\$4081884	\$17487024
Total	\$55647486	\$22519471	\$33128015

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$43568	\$96703	\$-53135

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$4925	\$-4925
Hospital Patients	\$0	\$6608	\$-6608
Community Education	\$0	\$80771	\$-80771

Number of Medical Professionals Trained	21
Number of Hospital Patients Educated	508
Number of Citizens Exposed to Health Education Messages	13795

Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from	Less Costs to	Unreimbursed Costs
--	---------------	---------------	--------------------

	Clients	Hospital	to Hospital
Charity Care	\$0	\$2411942	
HCI Payments	\$0		
Subtotal	\$0	\$2411942	\$-2411942
Medicaid Shortfalls	\$2833330	\$4490722	
Subtotal	\$2833330	\$6902664	\$-4069334
DSH Payments	\$235,970		
Subtotal	\$3069300	\$6902664	\$-3833364
Medicare Shortfalls	\$7325887	\$7282009	
Other Government Programs	\$222986	\$445758	
Total	\$10618173	\$14630431	\$-4012258

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1123228	\$1555260	\$-432032
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$11788	\$-11788
Other Allocations	\$0	\$0	\$0